

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 97-7852Date Received: 9-30-2021Receipt No: N037553Claim Fee: 25.00 By: JB

RECEIVED

SEP 30 2021

IDWR / NORTH

Please type or print clearly

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of claimant(s) JOSEPH LEE ENGLISH Phone (208) 448-4426
Mailing address 1 HOLLEY GLEN WEST Priest River IDAH Zip 83856
Street or Box City State
Email address (optional) ENGLISH JLEAF@GMAIL.COM
2. Date of priority: (Only one per claim) NOV 24, 1997 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (X) or Other () (a) Well
which is tributary to (b) PRIEST RIVER PEND OREILLE RIVER
4. Location of point of diversion is: Township PRIEST RIVER, Range 5, Section 29
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of BONNER
Parcel no. RPO06050006310A
Additional points of diversion, if any: Well, Pump, Pipeline
If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
SAME AS # 4 ABOVE; Pump, Pipeline
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day amount 0.04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (X) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
Domestic use only, Home

9. Location of place of use is: Township Pine Bluff, Range 5, Section 22,
SW 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. RP0060000310A
If different than shown in Item 4
for (check one) **Domestic** ☒ **Stock** () **Domestic and Stock** ()

Additional places of use, if any Flower / LAWN

10. In which county(ies) are lands listed above as place of use located? BOWEN

11. Do you own the property listed above as place of use? Yes ☒ No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ☒

13. Remarks (include an explanation of the priority date selected):

14. Basis of claim (check one) **Beneficial Use** ☒ **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

- (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Clark Fork-Pend Oreille River Basin Water System Adjudication."
(b.) I/We do () do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) Joseph L. Englund Date: 09-28-21

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

3/95 JAN 07 1998

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097468

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

NORTHERN REGION

1. DRILLING PERMIT NO. 0-00-3273
Other IDWR No. 97-47-N-50

2. OWNER:

Name Joe English
Address 605 N-3rd Street
City Avenal State CA Zip 93204

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 56 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 22 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ County Bonner 10 acres 40 acres 160 acres
 Lat. : : Long. : :
 Address of Well Site Holley Glen Rd.
 City Priest River

(Give at least name of road + distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK				AMOUNT	METHOD
Material	From	To	Bags Pounds		
Bentonite	0	18	6 sacks	Temp Casing	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	65	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10.0 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: _____

11. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
2 1/2	110	110	2 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Carl L. H. & Sons Drilling, INC. Firm No. 168

Firm Official Carl Pitts Date 11-24-97

and
Supervisor or Operator She O'Kert Date 11-24-97

(Sign once if Firm Official & Operator)

control devices: SWSE 22 56N 5W Supervisor or Operator: [Signature]

